



# Essential steps to safe, clean care

## Introduction and guidance notes

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

## Introduction

### Why have we done this?

In 2005, the Department of Health commissioned the NHS Institute for Innovation and Improvement to adapt the Saving Lives delivery programme<sup>2</sup> for non-acute/community settings in health and social care, particularly in care homes. The design and concepts within Essential steps to safe, clean care have been informed by working closely with frontline staff and consulting with a wide range of community services during the project.

### Who is this for?

This framework is aimed at organisations that provide and commission health and social care services outside the acute hospital setting.

### What is its purpose?

Essential steps to safe, clean care aims to provide a framework to support local organisations' use of best practice to prevent and manage the spread of infections and ultimately improve patient and service user safety. The framework is composed of a number of interlinked tools and products and can be used on an organisation-wide basis, as well as in individual departments, teams, care homes and so forth. The idea is that organisations determine for themselves which of the elements they wish to use once they have assessed their current position in preventing and managing infections. Essential steps to safe, clean care is intended to be implemented and used in ways that will support local success. It is not expected that all organisations will involve the same staff grades or roles, as the tools are locally adaptable.

### Tools and products provided include:

- self-assessment tool and future action;
- signposting to useful resources to inform users;
- three key Essential Steps that, if implemented within organisations, may impact significantly on reducing the level of infections;
- review tools to assist individuals/teams in monitoring compliance and to record continuous compliance or improvement;
- certificates for staff, to recognise their progress in performing safer practice;
- posters to provide simple safety messages to both staff and visitors.

## Guidance notes

### Self-assessment tool

The self-assessment tool provides a framework to assist organisations in embedding good infection prevention and control throughout the health and social care setting. This tool is aimed at strategic leads within organisations. It can also be used as a discussion guide or benchmarking system at board, task group or senior management level. It is available in both hard copy and CD-ROM format.

The users of the hard copy can self-determine the assessment framework relevant to their organisation. The users of the CD-ROM format can self-select their organisation at the beginning of the process, which will then take them through a pathway appropriate to their organisational needs.

### The self-assessment tool consists of seven key challenges:

1. Engage with staff throughout the organisation, to promote and secure the implementation of best practice in the prevention and control of infection.
2. Review the patient/client journey, to reduce the risk of transmission of infection.

3. Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and that they reflect relevant legislation and published professional guidance.
4. Ensure effective auditing of infection-control standards across the care providers through monitoring and implementation of new findings.
5. Ensure the organisation has a programme of education and training for infection control that is tailored to the needs of care delivery.
6. Ensure that healthcare environments reflect best practice design for infection control and that effective cleaning services are available.
7. Implement an organisation-wide policy/procedure for the decontamination of reusable medical devices, including, but not limited to, surgical instruments.

Within each challenge there are a series of related questions. For each question there are examples of how the organisations should be addressing the question. Space has also been provided for users to input their own local examples. The questions should be answered as either 'yes' or 'no'.

For each question the tool provides space for users to complete future actions. These can be completed by reference back to the examples provided. Space is also provided to identify who is responsible for the action(s) and to set a review date. It is possible to print a copy of the future actions from the online tool. There is a useful resources section at the end of every challenge which signposts evidence, policy and practice documents that relate to each challenge. This list is not exhaustive, and there is a list of useful websites which may also be helpful.

Following completion of all the questions within a challenge, the percentage of questions answered correctly can be determined. The formula for this is at the end of each challenge, for example:

$$\frac{\text{number of correct answers}}{\text{number of questions}} \times 100 = \% \text{ score}$$

The overall percentage of questions answered correctly for the whole assessment tool can also be determined as highlighted at the end of the tool.

To provide a pictorial display of the infection-control status within the organisation, a balanced scorecard can be produced. This will illustrate an organisation's achievements according to each challenge and overall achievement.

The percentage scores from each challenge and the assessment tool as a whole can be colour coded according to the key below. The CD-ROM based version will automatically determine the scoring and colour coding once the challenge is completed.

A printable version of the balanced scorecard can be produced.

<b>Green</b>	<b>100%</b>	<b>Full compliance</b>
<b>Low amber</b>	<b>71-99%</b>	<b>Action required</b>
<b>High Amber</b>	<b>50-70%</b>	<b>Urgent action required</b>
<b>Red</b>	<b>&lt;49%</b>	<b>Organisational priority</b>

The balanced scorecard is a way to focus on specific areas or activities and prioritise an organisation's future actions for improvement. It may also be used as a reporting mechanism for the organisation. The objective is to improve activities through the use of best practice to better the organisation's overall status.

## Essential steps to safe, clean care

The following products can then be used to address some of the outstanding actions that may be required as a result of the self-assessment exercise.

The Essential Steps underpin the organisation's key challenges and are designed to ensure that the correct actions are completed with all patients/service users every time they receive treatment or care. They aim to provide high reliability to key clinical procedures and care processes to reduce the risk of HCAI. They have been developed in the following areas that, if addressed, will improve cleanliness and safety of care:

- **preventing the spread of infection;**
- **urinary catheter care;**
- **enteral feeding.**

The techniques used within the Essential Steps are reflected in publications that have highlighted the need to improve the reliability of clinical processes. In a series of articles entitled 'Inpatient safety' in the Lancet in 2004, Bion and Heffner stated that: 'safety and reliability are the most important components of quality in healthcare'<sup>1</sup>. In the field of HCAI, the statement echoes that of the EPIC group, which in 2001 identified precautions that could be applied as standard principles by 'ALL healthcare practitioners to the care of ALL hospital in-patients, ALL of the time'<sup>3</sup>.

The Essential Steps assist clinical governance by attempting to ensure that all patients receive a consistent quality of clinical care by minimising unwarranted variation in its delivery.

Each of the Essential Steps does not replace or add to existing guidance for infection control, but translates it into a format that enables a systematic measurement of the application of the guidance. Where local guidance and policies already exist, their use in clinical or care practice can be assessed by the Essential Steps, or by tailoring the review tool to meet local needs.

Each Essential Step has a series of risk elements and associated safety action points relevant to a clinical process. The risk elements identify what staff should be doing, and the safety action points state how the risk elements should be performed. They are evidence-based and, if carried out consistently during care provision or clinical treatment, will reduce variation and improve safety. Urinary catheter care and Enteral feeding each have a section entitled Preventing the spread of infection, because the elements within this are integral to all of the Essential Steps.

## Review tool

At the end of each Essential Step leaflet, there is a review tool. This has been developed to help staff in practice to determine whether all of the risk elements and safety action points are being performed.

Individuals can determine how they want to use the tool, for example through peer review or as a group activity. The frequency of observations can also be decided locally. However, experience from the Modernisation Agency has shown that a short timescale for making the series of observations, feeding back results and clinical staff generating improvement ideas allows for changes in the clinical or care process to be made more rapidly.

The duration of a sequence of observations should also be decided locally. The review tool is not meant to be a continuous record of practice, but to serve as a way of identifying where improvements can be made.

## How to use the review tool

- Step 1** All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.
- Step 2** A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.
- Step 3** Following direct patient/client contact or procedure, complete the review tool horizontally. Indicate 'yes' when a risk element has been performed or is considered not applicable and 'no' when it has not been performed.
- Step 4** When each observation has been completed, identify whether all risk elements have been performed.
- Step 5** The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify risk elements are not being performed.
- Step 6** Timely feedback should be given, and a change in actions or practice should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the change in action.

## Certificates for staff

It is important to recognise staff achievement, in order to sustain change and improvement. Therefore, certificate templates have been developed which you may wish to give to staff after they have been observed using the review tool. These certificates can then be used as supporting evidence for nationally recognised qualifications such as NVQs. We recommend that this be underpinned by ongoing training to ensure continuous high compliance. A process should be in place for ongoing monitoring of performance.

## Posters

Posters have been designed to support the delivery of Essential Steps to safe, clean care. These are aimed at front-line staff and visitors in health and social care settings. They aim to remind and reinforce the key safety messages within the three high-risk areas. They provide information on what staff should do (risk elements), how they should do it (safety action points) and why.

## References

<sup>1</sup> Bion, JF, Heffner, JE, Challenges in the care of the critically ill, *Lancet*; 363pp 970-977

<sup>2</sup> Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare-associated infection including MRSA, Department of Health, London. [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/SavingLivesdeliveryProgramme/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/SavingLivesdeliveryProgramme/fs/en)

<sup>3</sup> Pratt, RJ, Pellowe, C, Loveday, HP, et al. The EPIC project: developing national evidence-based guidelines for preventing healthcare associated infections. Phase 1 guidelines for preventing hospital-acquired infections. *J Hospital Infection* 2001; 47:S3-S82

